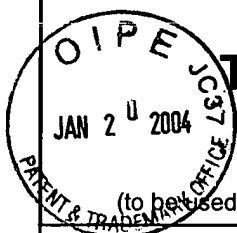


41

1637/9

 <h1 style="text-align: center;">TRANSMITTAL FORM</h1> <p style="text-align: center;">(to be used for all correspondence after initial filing)</p>		Application No.	10/057,552
		Filing Date	1/25/02
		First Named Inventor	Stephen L. Mayo
		Examiner Name	Young J. Kim
		Group Art Unit	1637
Total Number of Pages in This Submission		Attorney Docket No.	A-65353-9 [468268-010]

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input checked="" type="checkbox"/> Terminal Disclaimer	RECEIVED JAN 26 2004 TECH CENTER 1600/2900
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, No. of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual name	Robin M. Silva, Reg. No. 38,304 DORSEY & WHITNEY LLP 4 Embarcadero Center, Suite 3400 San Francisco, CA 94111 Telephone : 415 781 1989		Customer Number 32940
Signature			
Date	January 15, 2004		
CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being, with a confirmation copy being deposited with the United States Postal Service with Sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date:			1/15/04
Typed or printed name	JERE VALLES		
Signature		Date	1/15/04



**AMENDMENT
FEE CALCULATION
2004**

Complete if Known

Application No.	10/057,552
Filing Date	1/25/02
First Named Inventor	Stephen L. Mayo
Group Art Unit	1637
Examiner Name	Young J. Kim
Atty. Docket Number	A-65353-9 [468268-010]

Claims as Amended in Response to Office Action dated: July 15, 2003

METHOD OF PAYMENT (Check One)		AMENDMENT FEE CALCULATION (Continued)	
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account No.: 50-2319 Deposit Account Name: <u>DORSEY & WHITNEY LLP</u> <input type="checkbox"/> Charge any additional fee required under 37 C.F.R. 1.16 and 1.17 <input checked="" type="checkbox"/> Applicant claims small entity status (see 37 C.F.R. 1.27)		3. ADDITIONAL FEES	
2. <input type="checkbox"/> Check Enclosed		Large Entity Fee	Small Entity Fee
AMENDMENT FEE CALCULATION		Fee Description	
1. EXTRA* CLAIM FEES		Fee Paid	
Claims Remaining after Amendment	Highest Number Previously Paid for	Present Extra	Fee from Below*
Total	5	-	27 = 0 x 0 = 0
Indep.	4	-	4 = 0 x 0 = 0
First Presentation of Multiple Dependent Claim			x = 0
Subtotal (1)		0	
*Calculation of Extra Claim Fees			
Large Entity Fee	Small Entity Fee	Fee Description	
18	9	Claims in excess of 20	
86	43	Independent claims in excess of 3	
290	145	Multiple dependent Claim	
86	43	Reissue independent claims over original patent	
18	9	Reissue claims in excess of 20 and over original patent	
		Subtotal (2)	
		530.00	
		Total Amount of Payment:	
		530.00	

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San Francisco, California 94111-4187

CUSTOMER NUMBER 32940

Signature:

Robin Silva

Date: 1/15/2004



PATENT

Attorney Docket No. A-65353-9/RFT/RMS/RMK

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



In re application of

MAYO, *et al.*

Serial No. 10/057,552

Filed: January 25, 2002

For: *Apparatus and Method for
Automated Protein Design*

Group No. 1637

Examiner: Kim, Young J.

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I hereby certify that this correspondence, including listed enclosures, is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Mail Stop Fee Amendment, Commissioner for Patents, P. O. Box 1450, Alexandria, Virginia 22313-1450 on

1/15/04
Signed: *Jerre Valles*
Jerre Valles

RESPONSE TO OFFICE ACTION

Mail Stop Fee Amendment
Commissioner for Patents
P. O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

This paper is being submitted in response to the Office Action mailed July 15, 2003. This response is filed on or before January 15, 2004, with a petition for a three-month extension. The Commissioner is authorized to charge any additional fees, including any extension fees, which may be required, or credit any overpayment to Deposit Account No. 50-2319 (Our Order A-65353-9/RMS).

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 4 of this paper.

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